

Dental Care for Nursing Home Patients

BENJAMIN LATT and BERYL S. STOWELL

THE MAJORITY OF THE MORE THAN 950,000 elderly or chronically ill patients in nursing homes throughout the country are suffering from dental neglect because they cannot visit a dental clinic to obtain professional services and are incapable of maintaining a daily oral hygiene regimen without assistance.

The need for dental care among the nation's elderly as a whole, also, is acute. Among people 65 years and over, 51 percent have lost all their teeth. The other 49 percent average 15 missing teeth, and more than 80 percent of their remaining teeth are afflicted with periodontal disease, which becomes increasingly destructive with advancing age. Many people in this age group who need dentures do not have them; others have dentures that are ill fitting or in need of repair or replacement. Yet, despite numerous dental problems requiring attention, 46 percent of the nation's elderly have not seen a dentist in 5 years or more.

And the total elderly population is increasing by 300,000 to 400,000 per year, according to the National Center for Health Sta-

tistics, so that by the year 2000 there will be about 29 million persons age 65 or older. Not only are there more older people than there used to be; they also form a larger portion of the population (10 percent in 1973 compared with 5.4 percent in 1930). Because of illness or old age, many in this elderly group will have to spend their last days in a long-term care facility, and as the nursing home population grows, the demand for dental care will increase. A system for providing that care needs to be developed in which responsibility is shared by the dental profession as a whole, community health and welfare agencies, and nursing home personnel.

Delineating Dental Needs

Before any planning groups can successfully devise community programs for the nursing home population, however, they must have dependable information on the needs of the patients, the facility and staff requirements, and program costs. To stimulate the provision of dental care to this neglected segment of the population, the Division of Long-Term Care, Health Resources Administration,

recently entered into a contract with the American Society of Geriatric Dentistry to conduct a series of 10 regional seminars to train dentists, auxiliary dental personnel, and nursing home personnel in oral health care for nursing home patients. The seminars were held in collaboration with the American Dental Association in 10 cities throughout the United States over an 18-

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Tearsheet requests to Benjamin Latt, Health Care Financing Administration, Rm. 11A-33, Parklawn Bldg., 5600 Fishers Lane, Rockville, Md. 20857.

month period. Representatives of more than 40 dental societies, hospitals, regional groups, and associations of dentists, hygienists, hospitals, nurses, and nursing home administrators and representatives of other organizations involved with the elderly participated in the meetings. The seminars were directed by the project director for the contract, Kenneth A. Freedman, DDS, of the American Society for Geriatric Dentistry; the project administrator, Timothy T. Craig, PhD, formerly with the American Dental Association; and the project officer, Benjamin Latt, of the Department of Health, Education, and Welfare.

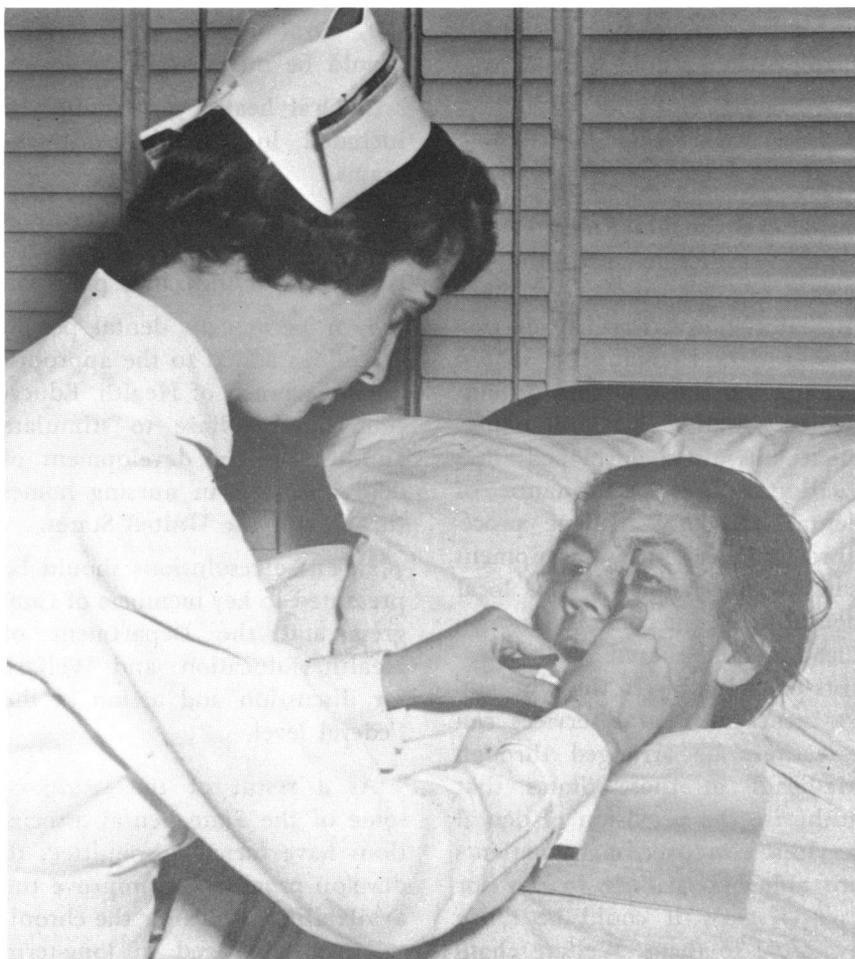
Each of the workshops provided at least 14 hours of training for approximately 40 dentists and dental auxiliaries and for 30 nursing home personnel. Speakers and workshop leaders for the seminars were drawn from the faculty of dental schools and from practicing dentists who had wide experience in providing care for the chronically ill and aged. Dental techniques and practices for nursing home patients were discussed in the workshops, and information was provided on alternative arrangements for delivering dental services to Medicare and Medicaid patients. The workshops were designed to give the participants a useful body of knowledge to assist them in setting up future dental care programs for nursing homes.

The primary purpose of the seminars was to focus the attention of nursing home personnel and local dentists and dental societies on some of the needs that could be met through cooperative action. In many long-term care facilities, the oral hygiene of the patients is poor and routine dental care is lacking, including spe-

cial attention and assistance for those patients confined to bed. Patients' dentures are often unclean, and they frequently are mixed up or lost. And there are some nursing homes that have no arrangements for handling acute dental problems.

Some of the dental services that nursing home patients need can only be provided by the dental profession, and the treatment requirements of these patients are extensive. These requirements include rebasing and repairing dentures, making new dentures, identifying dentures, performing extractions, treating periodontal disease, detecting oral cancer, and providing dental health education. The patients also need a

simple regimen of daily oral care to make them more comfortable and improve their sense of well-being. This daily care can and should be provided by the nursing home. It is also its responsibility to see that professional dental services are available to the patient when they are needed. Nursing facilities are required by law to have dental consultation available if they have patients receiving support from Medicaid. In addition, the institutions must provide, directly or through arrangements, any necessary dental services, including the administration of care for dental emergencies by or under the supervision of a dentist licensed in the State.



Overcoming Obstacles

One of the obstacles to the provision of dental care in the nursing home is that since their dental school days, dentists have been accustomed to work with fixed equipment within the confines of a dental office, and they expect their patients to come to them. They are reluctant to extend their professional responsibility to provide for nursing home residents for several reasons. Their appointment calendars are already full. They would find it burdensome and time-consuming to make patient visits outside the office. Older people are sometimes difficult to work on, and they would have to learn new techniques for handling this group of patients. Special portable dental equipment would be required, and few dentists have it or are willing to invest in it. Dentists also feel that many patients would be unable to pay adequately for their services.

The conference attempted to help the dentists seek ways to break through these barriers. Two earlier experimental Public Health Service studies of care for the chronically ill and aged have proved the practicability of providing dental treatment within the nursing home setting. Sophisticated, highly portable equipment has been developed that facilitates the performance of dental and oral hygiene procedures in this setting. Equipment can be purchased by the local dental society or community organizations and shared by the dentists participating in the program. Payment for dental services can sometimes be arranged through Medicaid in those States that authorize the provision of dental services. Moreover, many patients are able and willing to pay for care—if only it could be made available to them. Welfare chan-

nels will provide reimbursement for some needy patients, and in a few special cases, Medicare will offer some assistance. The responsibility for organizing and coordinating systems of dental care delivery for nursing home patients in the community, however, appropriately rests with the local dental society or dental groups.

Conference Resolutions

At the conclusion of each seminar, a caucus was held by some of the participants to appoint an executive steering committee for their particular State, whose aim would be to stimulate continued interest in the oral health program and to determine policies related to the issues discussed. All 10 caucuses were in basic agreement on the following points:

1. Oral health care services should be included in Medicare.
2. Oral health care should be included in all Medicaid programs.
3. Dental care for the elderly should be included in any national health insurance proposal.
4. A permanent dental person should be added to the appropriate department of Health, Education, and Welfare to stimulate and oversee the development of dental services in nursing homes throughout the United States.
5. These resolutions should be presented to key members of Congress and the Department of Health, Education, and Welfare for discussion and action at the Federal level.

As a result of the seminars, some of the State dental associations have formed committees to develop programs to improve the availability of care for the chronically ill and aged in long-term

care facilities. Some of these committees are already planning similar statewide training programs in dental care for nursing home patients. The seminars have also stimulated the interest of the major professional organizations. For example, the agenda of the May 1977 meeting of the Council on Dental Health of the American Dental Association included discussions of (a) a comprehensive program to improve access to dental care for geriatric patients and (b) education programs for dental consultants to long-term facilities and for nursing home administrators and nurses. The council expressed the intention of continuing the work that was begun under the contract with the Department of Health, Education, and Welfare, and the American Dental Association planned to seek the Department's support for the program.

A final report on contract No. HRA 230-75-0205 ("Training of Dentists and Dental Auxiliary Personnel in Oral Health of Nursing Home Patients") will include an inservice oral health training program, based on a multidisciplinary approach, for use of the dental adviser to the nursing home. Another publication that may be helpful to persons establishing dental programs in nursing homes is "Portable Dentistry for the Homebound or Handicapped Patient" by Richard O. Shaver, DMD, University of Colorado School of Dentistry, 1975. This publication, which was distributed to the trainees in the oral hygiene programs is available (NTIS Publication No. HRP-0014348)—and the inservice training program will be available later—from the National Technical Information Service (NTIS), U.S. Department of Commerce, Springfield, Va. 22161.